

# City of Detroit


## CITY COUNCIL

IRVIN CORLEY, JR.  
DIRECTOR  
(313) 224-1076

FISCAL ANALYSIS DIVISION  
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ANNE MARIE LANGAN  
DEPUTY DIRECTOR  
(313) 224-1078

TO: COUNCIL MEMBERS

FROM: Irvin Corley, Jr., Director 

DATE: May 6, 2008

RE: 2008-09 Medical and Dental Plan Rate Schedules for City of Detroit  
Employees and Retirees (**Recommend Approval**)

It is my understanding that your Honorable Body recently received a copy of the proposed 2008 2009 medical and dental plan rate schedules for City of Detroit employees and retirees.

I have had a chance to take a look at these and have had a conversation with Ms. Barbara Wise-Johnson, Labor Relations Director concerning the rate changes. I understand the following:

1. For the most part, the percentage rate increases are fairly modest, as depicted in the first attachment. As can be seen from this schedule, most rates increase by a little over 5%. No rate increase is in the double-digit range. It is my understanding that the plan design changes that most unions have agreed to over the last few years, which require more employee contribution, help in keeping this increase in the overall modest range.
2. There are no new benefit plan design changes for 2008-09.
3. No funds were requested or received from the Rate Stabilization Fund to keep rate increases at a reasonable level for 2008-09. Again, recent design plan changes helped to keep rates to increase at a modest rate.
4. There are 11 unions (not Act 312 groups) that have yet to settle (see second attachment). Employees represented by these unions are enrolled in the "original design plans".
5. Employees represented by civilian unions whose union settled after July 2006 are enrolled in the "Mercer Design" plans. These were the most draconian plan design changes.

6. The dental rate changes for 2008-09 are very modest, other than the monthly 2008-09 monthly and bi-weekly co-pay for C.O.P.S. Trust Delta Dental, which increase by a little over 15%.

Based on the above analysis, I recommend that your Honorable Body vote to put the 2008-09 medical/dental rates under New Business on today's formal, and then vote to authorize these rates for next fiscal year.

By doing so, Human Resources could mail open enrollment packages including rates to employees and retirees in time to receive prior to May 14, 2008; the date open enrollment is scheduled to start. The rates would be effective July 1, 2008.

#### Attachments

cc: Council Divisions  
Auditor General's Office  
James Tyler, Jr., Human Resources Director  
Barbara Wise-Johnson, Labor Relations Director  
Norman White, Chief Financial Officer  
Pamela Scales, Budget Director  
Kerwin Wimberly, Mayor's Office

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## Responses to Irv Corley Questions Regarding 2008 - 2009 Medical Renewal Rates

**Question:** Provide the percentage increase for the City's Medical Plans:

**Response:**

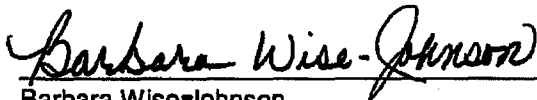
Medical Plan Name	Percentage Increase
BCBSM Plans	5.15%
BCBSM Traditional	5.15%
BCBSM Community Blue PPO	5.15%
BCBSM Comprehensive Master Medical (CMM)	5.15%
BCBSM Medicare Advantage Option E, F, and G	5.15%
Blue Care Network (HMO)	8.50%
BCN Advantage (MA)	5.90%
Health Alliance Plan (HMO)	9.50%
Health Senior Plus (MA)	6.00%
Total Health Care	1.68%
COPS Trust Traditional	7.00%
COPS Trust PPO	7.00%

**Question:** Does the 2008 -2009 rate renewal include any plan design changes?

**Response:** There are no new benefit plan design changes for 2008 - 2009.

**Question:** Were the 2008 - 2009 BCBSM rates adjusted by using funds for the Rate Stabilization Fund (BCBSM Reserve Account)?

**Response:** No funds were requested or received from the Rate Stabilization Fund for FY 2008 - 2009.



Barbara Wise-Johnson  
Labor Relations Director  
Labor Relations and Benefits Administration

30-Apr-08  
Date

# 2005 - 2008 Labor Contracts

(Non-Act 312 Bargaining Units)

Count	Non- Act 312 Bargaining Units Contracts Unresolved	Bargaining Unit No.	Contract Resolved	Bargaining Unit Membership Count as of October 31, 2007	Contract Printed	Comments
1	Association of City of Detroit Supervisors	3900		48		
2	Association of Detroit Engineers	3300		148		
3	Association of Municipal Engineers	3400		83		
4	Association of Municipal Inspectors	3350		18		
5	Association of Professional & Technical Employees	0100		220		ULP Filed; Mediation Scheduled April 2008
6	Field Engineers Association - Non-Supervisory	3700		2		
7	Field Engineers Association - Supervisory	3600		4		
8	Park Management Association	6150		9		
9	UAW Local 306 (Civilian Police Investigators)	3510		7		
10	UAW Local 412-Unit 86 (Law Department Paralegals)	1850		9		
11	UAW Local 2200 (Primary Care Physicians)	3500		2		
12	Utility Workers of America - Local 488	8800		44		Fact Finding Postponed 3/27/08 - Union to hold membership ratification meeting. 5/1/08 Update: Received oral notice from labor representative that union ratified the agreement, all outstanding issues have now been resolved. We are awaiting written confirmation. Upon receipt, members of this BU will be enrolled in the Mercer Design Plan. DOWOPs will begin as soon as administratively possible.



CITY OF DETROIT  
HUMAN RESOURCES DEPARTMENT  
LABOR RELATIONS DIVISION

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April 30, 2008

HONORABLE CITY COUNCIL

**Re: 2008 – 2009 Medical and Dental Plan Rate Schedules for City of Detroit Employees and Retirees**

Medical and Dental companies that provide benefits to active City of Detroit employees and their eligible dependents and retirees and their dependents have submitted rates to be in effect July 1, 2008. The Employees Benefit Plan Governing Board has examined these rates and certified them by Resolution. These rates are hereby submitted for final approval by your Honorable Body.

The Plans are as follows:

**Medical Insurance**

Blue Cross Blue Shield of Michigan  
Blue Care Network  
Health Alliance Plan  
Total Health Care  
U.S. Health (C.O.P.S. Trust)

**Dental Insurance**

Blue Cross Traditional Plus  
DENCAP  
Golden Dental  
Teamsters Golden Dental  
U.S. Health (C.O.P.S. Trust)

Attached are schedules of monthly rates being charged for each plan.

In conclusion, the Governing Board of the City Employees' Benefit Board presents the various rates contained on the attached schedules and recommends that the City Council approve them for application.

Respectfully Submitted,

Barbara Wise-Johnson  
Benefits Administration  
Labor Relations Director

Walter Stampor  
Executive Secretary  
Employee Benefit Board

Sheila Wade Kneeshaw  
Vice-Chairperson  
Employee Benefit Board



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BY COUNCIL MEMBER \_\_\_\_\_:

RESOLVED, that the attached rate schedules for medical benefits for City employees and retirees, as submitted by Blue Cross/Blue Shield of Michigan, Blue Care Network, Health Alliance Plan, Total Health Care, and U.S. Health (C.O.P.S. Trust), are effective July 1, 2008 and be it further

RESOLVED, that the attached rate schedules for dental benefits for City employees and retirees, as submitted by Blue Cross Traditional Plus, DENCAP, Golden Dental Plan, Teamsters Golden Dental, and U.S. Health (C.O.P.S. Trust), are effective July 1, 2008.

**City of Detroit**  
**2008 – 2009 Employee Medical Rates**  
*(Effective July 1, 2008)*

**2008 - 2009 Premiums and Contributions  
for Active General City Employees  
Alternative Health Care Plan Design**

Type of Coverage	Blue Cross Semi-Private Traditional	Blue Cross Community Blue PPO	Blue Care Network HMO	Health Alliance Plan HMO	Total Health Care HMO
<b>Monthly Premium Amounts</b>					
One Person	\$636.27	\$365.45	\$402.63	\$442.29	\$300.67
Two Persons	\$1,339.52	\$766.85	\$901.90	\$990.73	\$626.59
Family	\$1,502.74	\$857.61	\$1,014.65	\$1,114.57	\$797.07
Sponsored Dependent	\$690.94	\$338.47	\$483.16	\$552.86	\$210.47
<b>City Pays These Amounts Monthly</b>					
One Person	\$363.62	\$328.91	\$322.10	\$353.83	\$240.54
Two Persons	\$779.34	\$690.17	\$721.52	\$792.58	\$501.27
Family	\$867.41	\$771.85	\$811.72	\$891.66	\$637.66
Sponsored Dependent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts Monthly</b>					
One Person	\$272.65	\$36.55	\$80.53	\$88.46	\$60.13
Two Persons	\$560.18	\$76.69	\$180.38	\$198.15	\$125.32
Family	\$635.33	\$85.76	\$202.93	\$222.91	\$159.41
Sponsored Dependent	\$690.94	\$338.47	\$483.16	\$552.86	\$210.47
<b>City Pays These Amounts BI-Weekly</b>					
One Person	\$167.82	\$151.80	\$148.66	\$163.31	\$111.02
Two Persons	\$359.70	\$318.54	\$333.01	\$365.81	\$231.36
Family	\$400.34	\$356.24	\$374.64	\$411.53	\$294.30
Sponsored Dependent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts BI-Weekly</b>					
One Person	\$125.84	\$16.87	\$37.17	\$40.83	\$27.75
Two Persons	\$258.54	\$35.39	\$83.25	\$91.45	\$57.84
Family	\$293.23	\$39.58	\$93.66	\$102.88	\$73.58
Sponsored Dependent	\$318.90	\$156.22	\$223.00	\$255.17	\$97.14



**2008 - 2009 Premiums and Contributions  
for Active DPOA and (DFFA-Allied) Employees  
Alternative Health Care Plan Design**

Type of Coverage	Blue Cross Semi-Private Traditional	Blue Cross Community Blue PPO	C.O.P. Trust US Health PPO	Health Alliance Plan HMO	Blue Care Network HMO	Total Health Care HMO
<b>Monthly Premium Amounts</b>						
One Person	\$636.27	\$365.45	\$553.60	\$442.29	\$402.63	\$300.67
Two Persons	\$1,339.52	\$766.85	\$1,240.04	\$990.73	\$901.90	\$626.59
Family	\$1,502.74	\$857.61	\$1,291.33	\$1,114.57	\$1,014.65	\$797.07
Sponsored Dependent (Hired on or before 8-28-03)	\$690.94	\$338.47	\$645.04	\$552.86	\$483.16	\$210.47
Sponsored Dependent (Hired on or after 8-29-03)	\$690.94	\$338.47	\$645.04	\$552.86	\$483.16	\$210.47
<b>City Pays These Amounts Monthly</b>						
One Person	\$509.02	\$328.91	\$442.88	\$353.83	\$322.10	\$240.54
Two Persons	\$1,071.62	\$690.17	\$992.03	\$792.58	\$721.52	\$501.27
Family	\$1,202.19	\$771.85	\$1,033.06	\$891.66	\$811.72	\$637.66
Sponsored Dependent (Hired on or before 8-28-03)	\$552.75	\$304.62	\$516.03	\$442.29	\$386.53	\$168.38
Sponsored Dependent (Hired on or after 8-29-03)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts Monthly</b>						
One Person	\$127.25	\$36.55	\$110.72	\$88.46	\$80.53	\$60.13
Two Persons	\$267.90	\$76.69	\$248.01	\$198.15	\$180.38	\$125.32
Family	\$300.55	\$85.76	\$258.27	\$222.91	\$202.93	\$159.41
Sponsored Dependent (Hired on or before 8-28-03)	\$138.19	\$33.85	\$129.01	\$110.57	\$96.63	\$42.09
Sponsored Dependent (Hired on or after 8-29-03)	\$690.94	\$338.47	\$645.04	\$552.86	\$483.16	\$210.47
<b>City Pays These Amounts BI-Weekly</b>						
One Person	\$234.93	\$151.80	\$204.41	\$163.31	\$148.66	\$111.02
Two Persons	\$494.59	\$318.54	\$457.86	\$365.81	\$333.01	\$231.36
Family	\$554.86	\$356.24	\$476.80	\$411.53	\$374.64	\$294.30
Sponsored Dependent (Hired on or before 8-28-03)	\$255.12	\$140.60	\$238.17	\$204.13	\$178.40	\$77.71
Sponsored Dependent (Hired on or after 8-29-03)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts BI-Weekly</b>						
One Person	\$58.73	\$16.87	\$51.10	\$40.83	\$37.17	\$27.75
Two Persons	\$123.65	\$35.39	\$114.47	\$91.45	\$83.25	\$57.84
Family	\$138.71	\$39.58	\$119.20	\$102.88	\$93.66	\$73.58
Sponsored Dependent (Hired on or before 8-28-03)	\$63.78	\$15.62	\$59.54	\$51.03	\$44.60	\$19.43
Sponsored Dependent (Hired on or after 8-29-03)	\$318.90	\$156.22	\$297.71	\$255.17	\$223.00	\$97.14

**2008 - 2009 Premiums and Contributions  
for Active Emergency Medical Service Employees  
Alternative Health Care Plan Design**

Type of Coverage	Blue Cross Semi-Private Traditional	Blue Cross Community Blue PPO	Blue Care Network HMO	Health Alliance Plan HMO	Total Health Care HMO
<b>Monthly Premium Amounts</b>					
One Person	\$636.27	\$365.45	\$402.63	\$442.29	\$300.67
Two Persons	\$1,339.52	\$766.85	\$901.90	\$990.73	\$626.59
Family	\$1,502.74	\$857.61	\$1,014.65	\$1,114.57	\$797.07
Sponsored Dependent	\$690.94	\$338.47	\$483.16	\$552.86	\$210.47
<b>City Pays These Amounts Monthly</b>					
One Person	\$509.02	\$328.91	\$322.10	\$353.83	\$240.54
Two Persons	\$1,071.62	\$690.17	\$721.52	\$792.58	\$501.27
Family	\$1,202.19	\$771.85	\$811.72	\$891.66	\$637.66
Sponsored Dependent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts Monthly</b>					
One Person	\$127.25	\$36.55	\$80.53	\$88.46	\$60.13
Two Persons	\$267.90	\$76.69	\$180.38	\$198.15	\$125.32
Family	\$300.55	\$85.76	\$202.93	\$222.91	\$159.41
Sponsored Dependent	\$690.94	\$338.47	\$483.16	\$552.86	\$210.47
<b>City Pays These Amounts Bi-Weekly</b>					
One Person	\$234.93	\$151.80	\$148.66	\$163.31	\$111.02
Two Persons	\$494.59	\$318.54	\$333.01	\$365.81	\$231.36
Family	\$554.86	\$356.24	\$374.64	\$411.53	\$294.30
Sponsored Dependent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts Bi-Weekly</b>					
One Person	\$58.73	\$16.87	\$37.17	\$40.83	\$27.75
Two Persons	\$123.65	\$35.39	\$83.25	\$91.45	\$57.84
Family	\$138.71	\$39.58	\$93.66	\$102.88	\$73.58
Sponsored Dependent	\$318.90	\$156.22	\$223.00	\$255.17	\$97.14

**2008 - 2009 Premiums and Contributions  
for Active General City Employees  
ORIGINAL PLAN DESIGN**

Type of Coverage	Blue Cross Semi-Private Traditional	Blue Cross Community Blue PPO	Health Alliance Plan HMO
<b>Monthly Premium Amounts</b>			
One Person	\$683.70	\$409.31	\$494.48
Two Persons	\$1,435.79	\$859.53	\$1,107.63
Family	\$1,606.84	\$961.92	\$1,246.08
Sponsored Dependent	\$745.53	\$371.32	\$618.10
<b>City Pays These Amounts Monthly</b>			
One Person	\$386.99	\$386.99	\$386.99
Two Persons	\$826.79	\$826.79	\$826.79
Family	\$918.71	\$918.71	\$918.71
Sponsored Dependent	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts Monthly</b>			
One Person	\$296.71	\$22.32	\$107.49
Two Persons	\$609.00	\$32.74	\$280.85
Family	\$688.13	\$43.21	\$327.37
Sponsored Dependent	\$745.53	\$371.32	\$618.10
<b>City Pays These Amounts BI-Weekly</b>			
One Person	\$178.61	\$178.61	\$178.61
Two Persons	\$381.60	\$381.60	\$381.59
Family	\$424.02	\$424.02	\$424.02
Sponsored Dependent	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts BI-Weekly</b>			
One Person	\$136.94	\$10.30	\$49.61
Two Persons	\$281.08	\$15.11	\$129.62
Family	\$317.60	\$19.94	\$151.09
Sponsored Dependent	\$344.09	\$171.38	\$285.28

**2008 - 2009 Premiums and Contributions**  
**for Active DPCOA and DFFA Represented Employees in "DPCOA - Allied" Classification**  
**ORIGINAL Plan Design**

Type of Coverage	C.O.P. Trust US Health PPO	Blue Cross Semi-Private Traditional	Blue Cross Community Blue PPO	Health Alliance Plan HMO
<b>Monthly Premium Amounts</b>				
One Person	\$591.96	\$683.70	\$409.31	\$494.48
Two Persons	\$1,325.98	\$1,435.79	\$859.53	\$1,107.63
Family	\$1,380.82	\$1,606.84	\$961.92	\$1,246.08
Sponsored Dependent (Hired on or before 8-28-03)	\$691.58	\$745.53	\$371.32	\$618.10
Sponsored Dependent (Hired on or after 8-29-03)	\$691.58	\$745.53	\$371.32	\$618.10
<b>City Pays These Amounts Monthly</b>				
One Person	\$591.96	\$591.96	\$409.31	\$494.48
Two Persons	\$1,325.98	\$1,325.98	\$859.53	\$1,107.63
Family	\$1,380.82	\$1,380.82	\$961.92	\$1,246.08
Sponsored Dependent (Hired on or before 8-28-03)	\$691.58	\$691.58	\$371.32	\$618.10
Sponsored Dependent (Hired on or after 8-29-03)	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employee Contribute These Amounts Monthly</b>				
One Person	\$0.00	\$91.74	\$0.00	\$0.00
Two Persons	\$0.00	\$109.81	\$0.00	\$0.00
Family	\$0.00	\$226.02	\$0.00	\$0.00
Sponsored Dependent (Hired on or before 8-28-03)	\$0.00	\$53.95	\$0.00	\$0.00
Sponsored Dependent (Hired on or after 8-29-03)	\$691.58	\$745.53	\$371.32	\$618.10
<b>City Pays These Amounts BI-Weekly</b>				
One Person	\$273.21	\$273.21	\$188.91	\$228.22
Two Persons	\$611.99	\$611.99	\$396.71	\$511.21
Family	\$637.30	\$637.30	\$443.96	\$575.11
Sponsored Dependent (Hired on or before 8-28-03)	\$319.19	\$319.19	\$171.38	\$285.28
Sponsored Dependent (Hired on or after 8-29-03)	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employee Contribute These Amounts BI-Weekly</b>				
One Person	\$0.00	\$42.34	\$0.00	\$0.00
Two Persons	\$0.00	\$50.68	\$0.00	\$0.00
Family	\$0.00	\$104.32	\$0.00	\$0.00
Sponsored Dependent (Hired on or before 8-28-03)	\$0.00	\$24.90	\$0.00	\$0.00
Sponsored Dependent (Hired on or after 8-29-03)	\$264.64	\$344.09	\$171.38	\$285.28

**2008 - 2009 Premiums and Contributions  
for Active LSA Employees  
ORIGINAL PLAN DESIGN**

Type of Coverage	Blue Cross Semi-Private Traditional	Blue Cross CMM Plan for LSA Traditional	Community Blue Plan for LSA PPO
<b>Monthly Premium Amounts</b>			
One Person	\$688.04	\$614.41	\$588.83
Two Persons	\$1,444.90	\$1,295.02	\$1,236.82
Family	\$1,617.04	\$1,449.21	\$1,383.78
Sponsored Dependent (Hired on or before 8-28-03)	\$750.72	\$737.14	\$706.65
Sponsored Dependent (Hired on or after 8-29-03)	\$750.72	\$737.14	\$706.65
<b>City Pays These Amounts Monthly</b>			
One Person	\$614.41	\$614.41	\$588.83
Two Persons	\$1,295.02	\$1,295.02	\$1,236.82
Family	\$1,449.21	\$1,449.21	\$1,383.78
Sponsored Dependent (Hired on or before 8-28-03)	\$737.14	\$737.14	\$706.65
Sponsored Dependent (Hired on or after 8-29-03)	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts Monthly</b>			
One Person	\$73.63	\$0.00	\$0.00
Two Persons	\$149.88	\$0.00	\$0.00
Family	\$167.83	\$0.00	\$0.00
Sponsored Dependent (Hired on or before 8-28-03)	\$13.58	\$0.00	\$0.00
Sponsored Dependent (Hired on or after 8-29-03)	\$750.72	\$737.14	\$706.65
<b>City Pays These Amounts BI-Weekly</b>			
One Person	\$283.57	\$283.57	\$271.77
Two Persons	\$597.70	\$597.70	\$570.84
Family	\$668.87	\$668.87	\$638.67
Sponsored Dependent (Hired on or before 8-28-03)	\$340.22	\$340.22	\$326.15
Sponsored Dependent (Hired on or after 8-29-03)	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts BI-Weekly</b>			
One Person	\$33.98	\$0.00	\$0.00
Two Persons	\$69.18	\$0.00	\$0.00
Family	\$77.46	\$0.00	\$0.00
Sponsored Dependent (Hired on or before 8-28-03)	\$6.27	\$0.00	\$0.00
Sponsored Dependent (Hired on or after 8-29-03)	\$346.49	\$340.22	\$326.15

# 2008 - 2009 Premiums and Contributions for Active DFFA (LSA-Allied) Employees ORIGINAL PLAN DESIGN

Type of Coverage	COPS Trust US Health Traditional	Blue Cross Semi-Private Traditional	Blue Cross CMM Plan for LSA Traditional	Blue Cross Community Blue PPO	Health Alliance Plan HMO
<b>Monthly Premium Amounts</b>					
One Person	\$627.78	\$688.04	\$614.41	\$588.83	\$494.48
Two Persons	\$1,321.75	\$1,444.90	\$1,295.02	\$1,236.82	\$1,107.63
Family	\$1,473.65	\$1,617.04	\$1,449.21	\$1,383.78	\$1,246.08
Sponsored Dependent (Hired on or before 8-28-03)	\$722.20	\$750.72	\$737.14	\$706.65	\$618.10
Sponsored Dependent (Hired on or after 8-29-03)	\$722.20	\$750.72	\$737.14	\$706.65	\$618.10
<b>City Pays These Amounts Monthly</b>					
One Person	\$614.41	\$614.41	\$614.41	\$588.83	\$494.48
Two Persons	\$1,295.02	\$1,295.02	\$1,295.02	\$1,236.82	\$1,107.63
Family	\$1,449.21	\$1,449.21	\$1,449.21	\$1,383.78	\$1,246.08
Sponsored Dependent (Hired on or before 8-28-03)	\$722.20	\$737.14	\$737.14	\$706.65	\$618.10
Sponsored Dependent (Hired on or after 8-29-03)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts Monthly</b>					
One Person	\$13.37	\$73.63	\$0.00	\$0.00	\$0.00
Two Persons	\$26.73	\$149.88	\$0.00	\$0.00	\$0.00
Family	\$24.44	\$167.83	\$0.00	\$0.00	\$0.00
Sponsored Dependent (Hired on or before 8-28-03)	\$0.00	\$13.58	\$0.00	\$0.00	\$0.00
Sponsored Dependent (Hired on or after 8-29-03)	\$722.20	\$750.72	\$737.14	\$706.65	\$618.10
<b>City Pays These Amounts Bi-Weekly</b>					
One Person	\$283.57	\$283.57	\$283.57	\$271.77	\$228.22
Two Persons	\$597.70	\$597.70	\$597.70	\$570.84	\$511.21
Family	\$668.87	\$668.87	\$668.87	\$638.67	\$575.11
Sponsored Dependent (Hired on or before 8-28-03)	\$333.32	\$340.22	\$340.22	\$326.15	\$285.28
Sponsored Dependent (Hired on or after 8-29-03)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts Bi-Weekly</b>					
One Person	\$6.17	\$33.98	\$0.00	\$0.00	\$0.00
Two Persons	\$12.34	\$69.18	\$0.00	\$0.00	\$0.00
Family	\$11.28	\$77.46	\$0.00	\$0.00	\$0.00
Sponsored Dependent (Hired on or before 8-28-03)	\$0.00	\$6.27	\$0.00	\$0.00	\$0.00
Sponsored Dependent (Hired on or after 8-29-03)	\$333.32	\$346.49	\$340.22	\$326.15	\$285.28

**2008 - 2009 Premiums and Contributions  
for Active General City Employees  
MERCER Plan Designs**

Type of Coverage	Blue Cross Semi-Private Traditional	Blue Cross Community Blue PPO	Health Alliance Plan HMO
<b>Monthly Premium Amounts</b>			
One Person	\$567.83	\$321.03	\$442.27
Two Persons	\$1,200.90	\$676.32	\$990.69
Family	\$1,353.18	\$759.04	\$1,114.52
Sponsored Dependent	\$611.98	\$264.80	\$552.84
<b>City Pays These Amounts Monthly</b>			
One Person	\$329.78	\$256.82	\$353.82
Two Persons	\$710.78	\$541.06	\$792.55
Family	\$793.44	\$607.23	\$891.62
Sponsored Dependent	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts Monthly</b>			
One Person	\$238.05	\$64.21	\$88.45
Two Persons	\$490.12	\$135.26	\$198.14
Family	\$559.74	\$151.81	\$222.90
Sponsored Dependent	\$611.98	\$264.80	\$552.84
<b>City Pays These Amounts Bi-Weekly</b>			
One Person	\$152.21	\$118.53	\$163.30
Two Persons	\$328.05	\$249.72	\$365.79
Family	\$366.20	\$280.26	\$411.52
Sponsored Dependent	\$0.00	\$0.00	\$0.00
<b>Employees Contribute These Amounts Bi-Weekly</b>			
One Person	\$109.87	\$29.63	\$40.82
Two Persons	\$226.21	\$62.43	\$91.45
Family	\$258.34	\$70.07	\$102.88
Sponsored Dependent	\$282.45	\$122.22	\$255.16





**City of Detroit**  
**2008 – 2009 Retiree Medical Rates**  
*(Effective July 1, 2008)*

**MONTHLY CONTRIBUTIONS and CITY PAYMENTS**  
**for BLUE CROSS Traditional and COMMUNITY BLUE PPO PLANS**  
**for GENERAL CITY RETIREES**

**THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008**

Coverage Type and Date of Retirement	Blue Cross Semi-Private Traditional Plan				Community Blue (A Blue Cross Plan) PPO Plan			
	Code	Retiree Amount	City Amount	Total Amount	Code	Retiree Amount	City Amount	Total Amount
SINGLE, without Medicare								
Retired before 7/1/74	AAAAA100	\$12.58	\$597.92	\$610.50	BDAAA100	\$0.00	\$413.24	\$413.24
Retired: 7/1/74 to 12/31/83	AAABA100	\$12.61	\$608.64	\$621.25	BDABA100	\$0.00	\$413.24	\$413.24
Retired: 1/1/84 to 6/30/94	AAACA100	\$132.54	\$488.71	\$621.25	BDACA100	\$25.09	\$388.16	\$413.24
Retired: 7/1/1994 & After	AAADA100	\$265.08	\$356.17	\$621.25	BDADA100	\$50.17	\$363.07	\$413.24
SINGLE, with Medicare A & B								
Retired before 7/1/74	AAAAA120	\$0.51	\$404.85	\$405.36	BDAAA120	N/A		
Retired: 7/1/74 to 12/31/83	AAABA120	\$5.96	\$527.76	\$533.72	BDABA120			
Retired: 1/1/84 to 6/30/94	AAACA120	\$108.42	\$425.31	\$533.72	BDACA120			
Retired: 7/1/1994 & After	AAADA120	\$216.83	\$316.89	\$533.72	BDADA120			
TWO PERSONS, neither with Medicare								
Retired before 7/1/74	AAAAA200	\$26.90	\$1,259.42	\$1,286.32	BDAAA200	\$0.00	\$867.39	\$867.39
Retired: 7/1/74 to 12/31/83	AAABA200	\$26.96	\$1,281.92	\$1,308.88	BDABA200	\$0.00	\$867.39	\$867.39
Retired: 1/1/84 to 6/30/94	AAACA200	\$272.37	\$1,036.51	\$1,308.88	BDACA200	\$45.65	\$821.74	\$867.39
Retired: 7/1/1994 & After	AAADA200	\$544.74	\$764.14	\$1,308.88	BDADA200	\$91.30	\$776.09	\$867.39
TWO PERSONS, both with Medicare A & B								
Retired before 7/1/74	AAAAA220	\$1.00	\$809.78	\$810.78	BDAAA220	N/A		
Retired: 7/1/74 to 12/31/83	AAABA220	\$0.00	\$1,067.04	\$1,067.04	BDABA220			
Retired: 1/1/84 to 6/30/94	AAACA220	\$207.19	\$859.85	\$1,067.04	BDACA220			
Retired: 7/1/1994 & After	AAADA220	\$414.38	\$652.66	\$1,067.04	BDADA220			
RETIREE with Medicare A & B; SPOUSE without Medicare, or Vice Versa								
Retired before 7/1/74	AAAAA121/170	\$18.50	\$1,043.07	\$1,061.57	BDAAA121/170	N/A		
Retired: 7/1/74 to 12/31/83	AAABA121/170	\$18.55	\$1,133.13	\$1,151.68	BDABA121/170			
Retired: 1/1/84 to 6/30/94	AAACA121/170	\$226.69	\$924.99	\$1,151.68	BDACA121/170			
Retired: 7/1/1994 & After	AAADA121/170	\$453.38	\$698.30	\$1,151.68	BDADA121/170			
FAMILY Coverage								
Retired before 7/1/74	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Retired: 7/1/74 to 12/31/83	AAABA300	\$140.82	\$1,328.55	\$1,469.37	BDABA300	\$0.00	\$967.68	\$967.68
Retired: 1/1/84 to 6/30/94	AAACA300	\$432.86	\$1,036.51	\$1,469.37	BDACA300	\$145.94	\$821.74	\$967.68
Retired: 7/1/1994 & After	AAADA300	\$705.23	\$764.14	\$1,469.37	BDADA300	\$191.59	\$776.09	\$967.68

**MONTHLY CONTRIBUTIONS and CITY PAYMENTS**  
for the HMO Plans for General City Retirees

**THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008**

Coverage Type and Date of Retirement	Blue Care Network (HMO)				Health Alliance Plan (HMO)			
	Codes	Retiree Amount	City Amount	Total Amount	Codes	Retiree Amount	City Amount	Total Amount
<b>Single, without Medicare</b>								
Retired before 7/1/74	100	\$0.00	\$580.73	\$580.73	100	\$0.00	\$468.97	\$468.97
Retired: 7/1/74 to 12/31/83	100	\$0.00	\$580.73	\$580.73	100	\$0.00	\$468.97	\$468.97
Retired: 1/1/84 to 6/30/94	100	\$62.82	\$517.92	\$580.73	100	\$58.68	\$410.29	\$468.97
Retired: 7/1/1994 & After	100	\$125.63	\$455.10	\$580.73	100	\$117.36	\$351.61	\$468.97
<b>Two Persons, Neither with Medicare</b>								
Retired before 7/1/74	200	\$0.00	\$1,306.65	\$1,306.65	200	\$0.00	\$1,031.73	\$1,031.73
Retired: 7/1/74 to 12/31/83	200	\$0.00	\$1,306.65	\$1,306.65	200	\$0.00	\$1,031.73	\$1,031.73
Retired: 1/1/84 to 6/30/94	200	\$157.92	\$1,148.73	\$1,306.65	200	\$137.81	\$893.92	\$1,031.73
Retired: 7/1/1994 & After	200	\$315.84	\$990.81	\$1,306.65	200	\$275.62	\$756.11	\$1,031.73
<b>Family Coverage (Based on Two Person, no Medicare)</b>								
Retired before 7/1/74	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Retired: 7/1/74 to 12/31/83	300	\$0.00	\$1,480.87	\$1,480.87	300	\$0.00	\$1,195.88	\$1,195.88
Retired: 1/1/84 to 6/30/94	300	\$332.14	\$1,148.73	\$1,480.87	300	\$301.96	\$893.92	\$1,195.88
Retired: 7/1/1994 & After	300	\$490.06	\$990.81	\$1,480.87	300	\$439.77	\$756.11	\$1,195.88

# MONTHLY CONTRIBUTIONS and CITY PAYMENTS

## for the Medicare Advantage Plans for General City Retirees

**THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008**

Coverage Type and Date of Retirement	BCN Advantage				HAP Senior Plus				Medicare Plus Blue Option E (BCBSM -Traditional Medicare Advantage)				Medicare Plus Blue Option F (BCBSM Community Blue Medicare Advantage)			
	Codes	Retiree Amount	City Amount	Total Amount	Codes	Retiree Amount	City Amount	Total Amount	Codes	Retiree Amount	City Amount	Total Amount	Codes	Retiree Amount	City Amount	Total Amount
<b>Single, with Medicare Parts A &amp; B</b>																
Retired before 7/1/74	120	\$0.00	\$264.23	\$264.23	120	\$0.00	\$406.55	\$406.55	120	\$0.00	\$412.96	\$412.96	120	\$0.00	\$299.20	\$299.20
Retired: 7/1/74 to 12/31/83	120	\$0.00	\$264.23	\$264.23	120	\$0.00	\$406.55	\$406.55	120	\$0.00	\$412.96	\$412.96	120	\$0.00	\$299.20	\$299.20
Retired: 1/1/84 to 6/30/94	120	\$60.20	\$204.03	\$264.23	120	\$41.47	\$365.08	\$406.55	120	\$78.23	\$334.73	\$412.96	120	\$14.96	\$284.24	\$299.20
Retired: 7/1/1994 and After	120	\$120.40	\$143.83	\$264.23	120	\$82.94	\$323.61	\$406.55	120	\$156.45	\$256.51	\$412.96	120	\$29.92	\$269.28	\$299.20
<b>Two Persons, with Medicare Parts A &amp; B</b>																
Retired before 7/1/74	220	\$0.00	\$528.46	\$528.46	220	\$0.00	\$813.10	\$813.10	220	\$0.00	\$825.70	\$825.70	220	\$0.00	\$598.40	\$598.40
Retired: 7/1/74 to 12/31/83	220	\$0.00	\$528.46	\$528.46	220	\$0.00	\$813.10	\$813.10	220	\$0.00	\$825.70	\$825.70	220	\$0.00	\$598.40	\$598.40
Retired: 1/1/84 to 6/30/94	220	\$110.94	\$417.52	\$528.46	220	\$81.31	\$731.79	\$813.10	220	\$146.86	\$678.84	\$825.70	220	\$29.92	\$568.48	\$598.40
Retired: 7/1/1994 and After	220	\$221.89	\$306.57	\$528.46	220	\$162.62	\$650.48	\$813.10	220	\$293.71	\$531.99	\$825.70	220	\$59.84	\$538.56	\$598.40
<b>Two Persons - One with Medicare Parts A &amp; B</b>																
Retired before 7/1/74	121/170	\$0.00	\$844.96	<b>\$844.96</b>	121/170	\$0.00	<b>\$875.52</b>	\$875.52	121/170	\$0.00	\$1,034.21	\$1,034.21	121/170	\$0.00	\$712.45	\$712.45
Retired: 7/1/74 to 12/31/83	121/170	\$0.00	\$844.96	\$844.96	121/170	\$0.00	\$875.52	\$875.52	121/170	\$0.00	\$1,034.21	\$1,034.21	121/170	\$0.00	\$712.45	\$712.45
Retired: 1/1/84 to 6/30/94	121/170	\$113.47	\$731.49	\$844.96	121/170	\$90.60	\$784.92	\$875.52	121/170	\$197.32	\$836.89	\$1,034.21	121/170	\$35.62	\$676.83	\$712.45
Retired: 7/1/1994 and After	121/170	\$226.93	\$618.03	\$844.96	121/170	\$181.20	\$694.32	\$875.52	121/170	\$394.65	\$639.56	\$1,034.21	121/170	\$71.25	\$641.21	\$712.45

**MONTHLY CONTRIBUTIONS and CITY PAYMENTS**  
**for BLUE CROSS and C.O.P.S. TRUST HEALTH CARE PLANS**  
**for DPOA, DPCOA and DFFA-Allied Retirees**

**THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008**

Coverage Type and Date of Retirement	Blue Cross Semi-Private Traditional			C.O.P.S. Trust US Health PPO			Blue Cross Community Blue PPO		
	Retiree Amount	City Amount	Total Amount	Retiree Amount	City Amount	Total Amount	Retiree Amount	City Amount	Total Amount
<b>100 Single, without Medicare</b>									
Retired Before 5/1/95	\$72.07	\$558.78	\$630.85	\$83.88	\$664.90	\$748.78	\$28.45	\$384.79	\$413.24
Retired 5/1/95 to 3/7/07	\$72.07	\$558.78	\$630.85	\$83.88	\$664.90	\$748.78	\$28.45	\$384.79	\$413.24
Retired On or After 3/8/07	\$126.17	\$504.68	\$630.85	\$149.76	\$599.02	\$748.78	\$41.32	\$371.92	\$413.24
<b>120 Single, with Medicare A &amp; B</b>									
Retired Before 5/1/95	\$58.52	\$475.53	\$534.05	\$54.57	\$443.12	\$497.69	\$22.87	\$352.01	\$374.88
Retired 5/1/95 to 3/7/07	\$60.62	\$473.43	\$534.05	\$54.57	\$443.12	\$497.69	\$22.87	\$352.01	\$374.88
Retired On or After 3/8/07	\$106.81	\$427.24	\$534.05	\$99.54	\$398.15	\$497.69	\$37.49	\$337.39	\$374.88
<b>200 Two Persons, neither with Medicare</b>									
Retired Before 5/1/95	\$153.47	\$1,175.65	\$1,329.12	\$189.91	\$1,500.43	\$1,690.34	\$61.39	\$806.00	\$867.39
Retired 5/1/95 to 3/7/07	\$153.47	\$1,175.65	\$1,329.12	\$189.91	\$1,500.43	\$1,690.34	\$61.39	\$806.00	\$867.39
Retired On or After 3/8/07	\$265.82	\$1,063.30	\$1,329.12	\$338.07	\$1,352.27	\$1,690.34	\$86.74	\$780.65	\$867.39
<b>220 Two Persons, both with Medicare A&amp;B</b>									
Retired Before 5/1/95	\$118.19	\$949.58	\$1,067.77	\$111.81	\$897.99	\$1,009.80	\$46.95	\$702.81	\$749.76
Retired 7/1/03 to 3/7/07	\$125.63	\$942.14	\$1,067.77	\$111.81	\$897.99	\$1,009.80	\$46.95	\$702.81	\$749.76
Retired On or After 3/8/07	\$213.55	\$854.22	\$1,067.77	\$201.96	\$807.84	\$1,009.80	\$74.98	\$674.78	\$749.76
<b>121/170 Retiree with Medicare A &amp; B, Spouse without Medicare, or Vice Versa</b>									
Retired Before 5/1/95	\$132.00	\$1,029.24	\$1,161.24	\$139.65	\$1,101.04	\$1,240.69	\$53.15	\$735.65	\$788.80
Retired 5/1/95 to 3/7/07	\$132.00	\$1,029.24	\$1,161.24	\$139.65	\$1,101.04	\$1,240.69	\$53.15	\$735.65	\$788.80
Retired On or After 3/8/07	\$232.25	\$928.99	\$1,161.24	\$248.14	\$992.55	\$1,240.69	\$78.88	\$709.92	\$788.80
<b>300 Family Coverage (based on Two Person, no Medicare)</b>									
Retired Before 5/1/95	\$227.97	\$1,264.09	\$1,492.06	\$164.13	\$1,603.89	\$1,768.02	\$142.38	\$825.30	\$967.68
Retired 5/1/95 to 3/7/07	\$190.58	\$1,301.48	\$1,492.06	\$164.13	\$1,603.89	\$1,768.02	\$142.38	\$825.30	\$967.68
Retired On or After 3/8/07	\$428.76	\$1,063.30	\$1,492.06	\$415.75	\$1,352.27	\$1,768.02	\$187.03	\$780.65	\$967.68

**MONTHLY CONTRIBUTIONS and CITY PAYMENTS**  
for the HMO Plans for DPOA, DPCOA and DFFA-Allied Retirees

**THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008**

Coverage Type and Date of Retirement	Blue Care Network (HMO)				Health Alliance Plan (HMO)			
	Code	Retiree Amount	City Amount	Total Amount	Code	Retiree Amount	City Amount	Total Amount
<b>Single, without Medicare</b>								
Retired Before 5/1/95	100	\$66.50	\$514.23	\$580.73	100	\$55.00	\$413.97	\$468.97
Retired 5/1/95 to 3/7/07	100	\$66.50	\$514.23	\$580.73	100	\$55.00	\$413.97	\$468.97
Retired On or After 3/8/07	100	\$116.15	\$464.58	\$580.73	100	\$93.79	\$375.18	\$468.97
<b>Single, with Medicare Parts A &amp; B</b>								
Retired Before 5/1/95	120	\$54.78	\$413.20	\$467.98	120	\$51.08	\$414.71	\$465.79
Retired 5/1/95 to 3/7/07	120	\$60.49	\$407.49	\$467.98	120	\$51.08	\$414.71	\$465.79
Retired On or After 3/8/07	120	\$93.60	\$374.38	\$467.98	120	\$93.16	\$372.63	\$465.79
<b>Two Persons, Neither with Medicare</b>								
Retired Before 5/1/95	200	\$150.23	\$1,156.42	\$1,306.65	200	\$121.95	\$909.78	\$1,031.73
Retired 5/1/95 to 3/7/07	200	\$150.23	\$1,156.42	\$1,306.65	200	\$121.95	\$909.78	\$1,031.73
Retired On or After 3/8/07	200	\$261.33	\$1,045.32	\$1,306.65	200	\$206.35	\$825.38	\$1,031.73
<b>Two Persons, with Medicare Parts A &amp; B</b>								
Retired Before 5/1/95	220	\$109.71	\$826.25	\$935.96	220	\$103.34	\$828.24	\$931.58
Retired 5/1/95 to 3/7/07	220	\$125.55	\$810.41	\$935.96	220	\$103.34	\$828.24	\$931.58
Retired On or After 3/8/07	220	\$187.19	\$748.77	\$935.96	220	\$186.32	\$745.26	\$931.58
<b>Two Persons - One with Medicare Part A &amp; B</b>								
Retired Before 5/1/95	121/170	\$120.36	\$928.35	\$1,048.71	121/170	\$107.87	\$826.89	\$934.76
Retired 5/1/95 to 3/7/07	121/170	\$120.36	\$928.35	\$1,048.71	121/170	\$107.87	\$826.89	\$934.76
Retired On or After 3/8/07	121/170	\$209.74	\$838.97	\$1,048.71	121/170	\$186.95	\$747.81	\$934.76
<b>Family Coverage (based on Two Person, no Medicare)</b>								
Retired Before 5/1/95	300	\$271.78	\$1,209.09	\$1,480.87	300	\$243.79	\$952.09	\$1,195.88
Retired 5/1/95 to 3/7/07	300	\$271.78	\$1,209.09	\$1,480.87	300	\$243.79	\$952.09	\$1,195.88
Retired On or After 3/8/07	300	\$435.55	\$1,045.32	\$1,480.87	300	\$370.50	\$825.38	\$1,195.88

## MONTHLY CONTRIBUTIONS and CITY PAYMENTS

for the Medicare Advantage Plans for DPOA, DPCOA and DFFA-Allied Retirees

THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008

Coverage Type and Date of Retirement	BCN Advantage				HAP Senior Plus				Medicare Plus Blue Option E (BCBSM - Traditional Medicare Advantage)				Medicare Plus Blue Option F (BCBSM - Community Blue Medicare Advantage)			
	Code	Retiree Amount	City Amount	Total Amount	Code	Retiree Amount	City Amount	Total Amount	Code	Retiree Amount	City Amount	Total Amount	Code	Retiree Amount	City Amount	Total Amount
<b>Single, with Medicare Parts A &amp; B</b>																
Retired Before 5/1/95	120	\$30.72	\$233.51	\$264.23	120	\$45.33	\$361.22	\$406.55	120	\$46.09	\$367.15	\$413.24	120	\$18.98	\$280.22	\$299.20
Retired 5/1/95 to 3/7/07	120	\$30.72	\$233.51	\$264.23	120	\$45.33	\$361.22	\$406.55	120	\$46.09	\$367.15	\$413.24	120	\$18.98	\$280.22	\$299.20
Retired On or After 3/8/07	120	\$52.85	\$211.38	\$264.23	120	\$81.31	\$325.24	\$406.55	120	\$82.65	\$330.59	\$413.24	120	\$29.92	\$269.28	\$299.20
<b>Two Persons, with Medicare Parts A &amp; B</b>																
Retired Before 5/1/95	220	\$62.65	\$465.81	\$528.46	220	\$91.86	\$721.24	\$813.10	220	\$93.36	\$732.95	\$826.31	220	\$39.17	\$559.23	\$598.40
Retired 5/1/95 to 3/7/07	220	\$62.65	\$465.81	\$528.46	220	\$91.86	\$721.24	\$813.10	220	\$93.36	\$732.95	\$826.31	220	\$39.17	\$559.23	\$598.40
Retired On or After 3/8/07	220	\$105.69	\$422.77	\$528.46	220	\$162.62	\$650.48	\$813.10	220	\$165.26	\$661.05	\$826.31	220	\$59.84	\$538.56	\$598.40
<b>Two Persons - One with Medicare Part A &amp; B</b>																
Retired Before 5/1/95	121/170	\$99.02	\$745.94	\$844.96	121/170	\$102.12	\$773.40	\$875.52	121/170	\$119.96	\$924.12	\$1,044.08	121/170	\$49.23	\$663.22	\$712.45
Retired 5/1/95 to 3/7/07	121/170	\$99.02	\$745.94	\$844.96	121/170	\$102.12	\$773.40	\$875.52	121/170	\$119.96	\$924.12	\$1,044.08	121/170	\$49.23	\$663.22	\$712.45
Retired On or After 3/8/07	121/170	\$168.99	\$675.97	\$844.96	121/170	\$175.10	\$700.42	\$875.52	121/170	\$208.82	\$835.26	\$1,044.08	121/170	\$71.25	\$641.21	\$712.45



**MONTHLY CONTRIBUTIONS and CITY PAYMENTS  
for BLUE CROSS and C.O.P.S. TRUST HEALTH CARE PLANS  
for LSA and DFFA-ALLIED RETIREES**

**THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008**

Medical Plans Coverage Type and Date of Retirement	Blue Cross Semi-Private Traditional			Blue Cross CMM Traditional			Blue Cross Community Blue PPO			C.O.P.S. Trust US Health Traditional		
	Retiree Amount	City Amount	Monthly Premium	Retiree Amount	City Amount	Monthly Premium	Retiree Amount	City Amount	Monthly Premium	Retiree Amount	City Amount	Monthly Premium
<b>100 SINGLE, without Medicare</b>												
Retired before 7/1/03	\$72.07	\$558.78	\$630.85	\$60.17	\$455.01	\$515.18	\$32.20	\$454.12	\$486.32	\$296.59	\$452.19	\$748.78
Retired 7/1/03 and after	\$92.81	\$538.04	\$630.85	\$60.17	\$455.01	\$515.18	\$32.20	\$454.12	\$486.32	\$347.02	\$401.76	\$748.78
<b>120 SINGLE, with Medicare A &amp; B</b>												
Retired before 7/1/03	\$58.52	\$475.53	\$534.05	\$52.26	\$420.96	\$473.22	\$23.20	\$358.03	\$381.23	\$97.32	\$400.37	\$497.69
Retired 7/1/03 and after	\$71.13	\$462.92	\$534.05	\$52.26	\$420.96	\$473.22	\$23.20	\$358.03	\$381.23	\$124.73	\$372.96	\$497.69
<b>200 TWO PERSONS, neither with Medicare</b>												
Retired before 7/1/03	\$153.47	\$1,175.65	\$1,329.12	\$128.61	\$958.80	\$1,087.41	\$69.42	\$954.01	\$1,023.43	\$738.75	\$951.59	\$1,690.34
Retired 7/1/03 and after	\$193.53	\$1,135.59	\$1,329.12	\$128.61	\$958.80	\$1,087.41	\$69.42	\$954.01	\$1,023.43	\$840.93	\$849.41	\$1,690.34
<b>220 TWO PERSONS, both with Medicare A&amp;B</b>												
Retired before 7/1/03	\$118.19	\$949.58	\$1,067.77	\$105.72	\$840.72	\$946.44	\$47.60	\$714.93	\$762.53	\$190.67	\$819.13	\$1,009.80
Retired 7/1/03 to 3/7/07	\$141.60	\$926.17	\$1,067.77	\$105.72	\$840.72	\$946.44	\$47.60	\$714.93	\$762.53	\$237.96	\$771.84	\$1,009.80
<b>121/170 RETIREE with Medicare A &amp; B, SPOUSE without Medicare, or Vice Versa</b>												
Retired before 7/1/03	\$132.00	\$1,029.24	\$1,161.24	\$114.22	\$874.05	\$988.27	\$57.20	\$810.35	\$867.55	\$359.64	\$881.05	\$1,240.69
Retired 7/1/03 and after	\$163.55	\$997.69	\$1,161.24	\$114.22	\$874.05	\$988.27	\$57.20	\$810.35	\$867.55	\$443.86	\$796.83	\$1,240.69
<b>300 FAMILY Coverage (based on Two Person, no Medicare)</b>												
Retired before 7/1/03	\$227.97	\$1,264.09	\$1,492.06	\$163.20	\$1,055.37	\$1,218.57	\$133.06	\$1,014.07	\$1,147.13	\$816.25	\$951.77	\$1,768.02
Retired 7/1/03 and after	\$301.05	\$1,191.01	\$1,492.06	\$186.00	\$1,032.57	\$1,218.57	\$133.06	\$1,014.07	\$1,147.13	\$918.43	\$849.59	\$1,768.02



**Monthly Contributions and City Payments  
for the HMO Plans for LSA and DFFA-Allied Retirees  
THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008**

Coverage Type and Date of Retirement	Blue Care Network (HMO)				Health Alliance Plan (HMO)			
	Code	Retiree Amount	City Amount	Total Amount	Code	Retiree Amount	City Amount	Total Amount
<b>Single, without Medicare</b>								
Retired before 7/1/03	100	\$66.50	\$514.23	\$580.73	100	\$55.00	\$413.97	\$468.97
Retired 7/1/03 and after	100	\$66.50	\$514.23	\$580.73	100	\$55.00	\$413.97	\$468.97
<b>Single, with Medicare Parts A &amp; B</b>								
Retired before 7/1/03	120	\$54.78	\$413.20	\$467.98	120	\$51.08	\$414.71	\$465.79
Retired 7/1/03 and after	120	\$71.00	\$396.98	\$467.98	120	\$51.08	\$414.71	\$465.79
<b>Two Persons, Neither with Medicare</b>								
Retired before 7/1/03	200	\$150.23	\$1,156.42	\$1,306.65	200	\$121.95	\$909.78	\$1,031.73
Retired 7/1/03 and after	200	\$150.23	\$1,156.42	\$1,306.65	200	\$121.95	\$909.78	\$1,031.73
<b>Two Persons, with Medicare Parts A &amp; B</b>								
Retired before 7/1/03	220	\$109.71	\$826.25	\$935.96	220	\$103.34	\$828.24	\$931.58
Retired 7/1/03 and after	220	\$141.51	\$794.45	\$935.96	220	\$103.34	\$828.24	\$931.58
<b>Two Persons - One with Medicare Parts A &amp; B</b>								
Retired before 7/1/03	121/170	\$120.36	\$928.35	\$1,048.71	121/170	\$107.87	\$826.89	\$934.76
Retired 7/1/03 and after	121/170	\$120.36	\$928.35	\$1,048.71	121/170	\$107.87	\$826.89	\$934.76
<b>Family Coverage (based on Two Person, no Medicare)</b>								
Retired before 7/1/03	300	\$271.78	\$1,209.09	\$1,480.87	300	\$243.79	\$952.09	\$1,195.88
Retired 7/1/03 and after	300	\$271.78	\$1,209.09	\$1,480.87	300	\$243.79	\$952.09	\$1,195.88

**Monthly Contributions and City Payments  
for the Medicare Advantage Plans for LSA and DFFA-Allied Retirees**

**THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008**

Coverage Type and Date of Retirement	BCN Advantage				HAP Senior Plus			
	Codes	Retiree Amount	City Amount	Total Amount	Codes	Retiree Amount	City Amount	Total Amount
<b>Single, with Medicare Parts A &amp; B</b>								
Retired before 7/1/03	120	\$30.72	\$233.51	\$264.23	120	\$45.33	\$361.22	\$406.55
Retired 7/1/03 and after	120	\$30.72	\$233.51	\$264.23	120	\$45.33	\$361.22	\$406.55
<b>Two Persons, with Medicare Parts A &amp; B</b>								
Retired before 7/1/03	220	\$62.65	\$465.81	\$528.46	220	\$91.86	\$721.24	\$813.10
Retired 7/1/03 and after	220	\$62.65	\$465.81	\$528.46	220	\$91.86	\$721.24	\$813.10
<b>Two Persons - One with Medicare Part A &amp; B</b>								
Retired before 7/1/03	121/170	\$99.02	\$745.94	\$844.96	121/170	\$102.12	\$773.40	\$875.52
Retired 7/1/03 and after	121/170	\$99.02	\$745.94	\$844.96	121/170	\$102.12	\$773.40	\$875.52

Coverage Type and Date of Retirement	Medicare Plus Blue Option E (BCBSM - Traditional Medicare Advantage)				Medicare Plus Blue Option G (BCBSM - CMM Medicare Advantage)				Medicare Plus Blue Option F (BCBSM - Community Blue Medicare Advantage)			
	Codes	Retiree Amount	City Amount	Total Amount	Codes	Retiree Amount	City Amount	Total Amount	Codes	Retiree Amount	City Amount	Total Amount
<b>Single, with Medicare Parts A &amp; B</b>												
Retired before 7/1/03	120	\$46.09	\$367.15	\$413.24	120	\$40.64	\$319.59	\$360.23	120	\$20.68	\$311.57	\$332.25
Retired 7/1/03 and after	120	\$46.09	\$367.15	\$413.24	120	\$40.64	\$319.59	\$360.23	120	\$20.68	\$311.57	\$332.25
<b>Two Persons, with Medicare Parts A &amp; B</b>												
Retired before 7/1/03	220	\$93.36	\$732.95	\$826.31	220	\$82.48	\$637.98	\$720.46	220	\$42.57	\$621.96	\$664.53
Retired 7/1/03 and after	220	\$93.36	\$732.95	\$826.31	220	\$82.48	\$637.98	\$720.46	220	\$42.57	\$621.96	\$664.53
<b>Two Persons - One with Medicare Part A &amp; B</b>												
Retired before 7/1/03	121/170	\$119.96	\$924.12	\$1,044.08	121/170	\$102.61	\$772.80	\$875.41	121/170	\$54.68	\$763.89	\$818.57
Retired 7/1/03 and after	121/170	\$119.96	\$924.12	\$1,044.08	121/170	\$102.61	\$772.80	\$875.41	121/170	\$54.68	\$763.89	\$818.57

**Monthly Contributions and City Payments  
for BLUE CROSS TRADITIONAL and COMMUNITY BLUE PLANS  
for EMS Retirees**

**THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008**

Code	Coverage Type	Blue Cross Semi-Private Traditional			Blue Cross Community Blue PPO		
		Retiree Amount	City Amount	Total Amount	Retiree Amount	City Amount	Total Amount
100	Single, without Medicare	\$71.08	\$550.17	\$621.25	\$28.45	\$384.79	\$413.24
120	Single, with Medicare A & B	\$62.24	\$471.48	\$533.72	\$22.87	\$352.01	\$374.88
200	Two Persons, neither with Medicare	\$151.38	\$1,157.50	\$1,308.88	\$61.39	\$806.00	\$867.39
220	Two Persons, both with Medicare A&B	\$124.42	\$942.62	\$1,067.04	\$46.95	\$702.81	\$749.76
121/170	Retiree with Medicare A & B, SPOUSE without Medicare, or Vice Versa	\$132.90	\$1,018.78	\$1,151.68	\$53.15	\$735.65	\$788.80
300	Family Coverage (based on Two Person, no Medicare)	\$253.47	\$1,215.90	\$1,469.37	\$105.95	\$861.73	\$967.68

**Monthly Contributions and City Payments  
for HMO Plans for EMS Retirees**

**THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008**

<b>Coverage Type</b>	<b>Blue Care Network (HMO)</b>				<b>Health Alliance Plan (HMO)</b>			
(Retirement Date Not a Consideration)	<b>CODE</b>	<b>Retiree Amount</b>	<b>City Amount</b>	<b>Total Amount</b>	<b>CODE</b>	<b>Retiree Amount</b>	<b>City Amount</b>	<b>Total Amount</b>
<b>Single, without Medicare</b>	100	\$66.50	\$514.23	\$580.73	100	\$55.00	\$413.97	\$468.97
<b>Two Persons, Neither with Medicare</b>	200	\$150.23	\$1,156.42	\$1,306.65	200	\$121.95	\$909.78	\$1,031.73
<b>Family Coverage (based on Two Person, no Medicare)</b>	300	\$213.93	\$1,266.94	\$1,480.87	300	\$191.04	\$1,004.84	\$1,195.88

**Monthly Contributions and City Payments  
for Medicare Advantage Plans for EMS Retirees**

**THE FOLLOWING RATES ARE EFFECTIVE JULY 1, 2008**

<b>Coverage Type</b>	<b>BCN Advantage</b>				<b>HAP Senior Plus</b>			
(Retirement Date Not a Consideration)	<b>Code</b>	<b>Retiree Amount</b>	<b>City Amount</b>	<b>Total Amount</b>	<b>Code</b>	<b>Retiree Amount</b>	<b>City Amount</b>	<b>Total Amount</b>
<b>Single, with Medicare Parts A &amp; B</b>	120	\$30.72	\$233.51	\$264.23	120	\$45.33	\$361.22	\$406.55
<b>Two Persons, with Medicare Parts A &amp; B</b>	220	\$62.65	\$465.81	\$528.46	220	\$91.86	\$721.24	\$813.10
<b>Two Persons - One with Medicare Parts A &amp; B</b>	121/170	\$99.02	\$745.94	\$844.96	121/170	\$102.12	\$773.40	\$875.52

<b>Coverage Type</b>	<b>Medicare Plus Blue Option E (BCBSM - Traditional Medicare Advantage)</b>				<b>Medicare Plus Blue Option F BCBSM Community Blue - Medicare Advantage</b>			
(Retirement Date Not a Consideration)	<b>Code</b>	<b>Retiree Amount</b>	<b>City Amount</b>	<b>Total Amount</b>	<b>Code</b>	<b>Retiree Amount</b>	<b>City Amount</b>	<b>Total Amount</b>
<b>Single, with Medicare Parts A &amp; B</b>	120	\$46.06	\$366.90	\$412.96	120	\$18.98	\$280.22	\$299.20
<b>Two Persons, with Medicare Parts A &amp; B</b>	220	\$93.30	\$732.40	\$825.70	220	\$39.17	\$559.23	\$598.40
<b>Two Persons - One with Medicare Parts A &amp; B</b>	121/170	\$118.94	\$915.27	\$1,034.21	121/170	\$49.23	\$663.22	\$712.45



City of Detroit

**Dental Rates for Plan Year 2008 - 2009**

**for Active Employees and Retirees**

Name of Plan	Blue Cross Traditional "Plus" Plan	DENCAP Dental	Regular Golden Dental	Teamsters Golden Dental	C.O.P.S. Trust* Delta Dental	LSA Blue Cross Traditional "Plus" Plan
<b>2008 - 2009 Monthly Rate</b>	\$27.50	\$23.95	<b>\$27.50</b>	\$32.70	\$42.25	\$55.17
2007 - 2008 Monthly Rate	\$27.57	\$24.02	\$27.57	\$32.77	\$40.34	\$55.24
% Increase	-0.25%	-0.29%	-0.25%	-0.21%	4.73%	-0.13%
<b>2008 - 2009 City Portion of Rate</b>	\$27.50	\$24.02	\$27.50	\$32.70	\$27.50	\$27.50
2007 - 2008 City Portion of Rate	\$27.57	\$24.02	\$27.27	\$32.77	\$27.57	\$27.57
% Increase	-0.25%	0.00%	0.84%	-0.21%	-0.25%	-0.25%
<b>2008 - 2009 Employee Monthly</b>	None	None	\$0.00	None	\$14.75	\$27.67
2007 - 2008 Employee Monthly	None	None	\$0.00	None	\$12.77	\$27.67
% Increase					15.51%	0.00%
<b>2008 - 2009 Employee Bi-Weekly Co-Pay</b>	None	None	None	None	\$6.81	\$12.77
2007 - 2008 Employee Bi-Weekly Co-Pay	None	None	None	None	\$5.89	\$12.77
% Increase					15.51%	0.00%
<b>2008 - 2009 Administrative Fee</b>	\$2.47	\$2.47	\$2.47	\$2.47	None	\$2.47
2007 - 2008 Administrative Fee	\$2.40	\$2.40	\$2.40	\$2.40	None	\$2.40
% Increase	2.92%	2.92%	2.92%	2.92%		2.92%
<b>2008 - 2009 Composite Rate for Dental</b>	<b>\$29.97</b>	<b>\$26.42</b>	<b>\$29.97</b>	<b>\$35.17</b>	<b>\$42.25</b>	<b>\$57.64</b>